

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 576590

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	0	1	1			
3	0	1	1			
4	0	1	1			
5	0	1	1			
6	0	1	1			
7	0	1	1			
8	0	1	1			
9	0	1	1			
10	0	1	1			
11	0	1	1			
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50						
TOTAL IND.	1		1			
TOTAL DEP.	10	←	10	←		
TOTAL CLAIMS	11	[shaded]	11	[shaded]		

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.				↓		
TOTAL DEP.		←		←		←
TOTAL CLAIMS		[shaded]		[shaded]		[shaded]